

# PSA Application / Waiver Form

Child's Last Name	Child's First Name	Sex M/F	Date of Birth
Address		City	State Zip Code
Home Phone		Emergency Phone	e-mail

## PLEASE CHECK PSA WEEKS REGISTERED

Parent / Guardian 1	Parent / Guardian 2
Name: _____/_____	
Relationship: _____/_____	
Address: _____/_____	
City, State, Zip: _____/_____	
Home Phone: (____) _____/(____) _____	
Work Phone: (____) _____/(____) _____	

Week 1: June 27-July1	_____
Week 2: July 5-8	_____
Week 3: July 11-15	_____
Week 4: July 18-22	_____
Week 5: July 25 <sup>th</sup> -29	_____
Week 6: Aug 1-5	_____
Week 7: Aug 8-12	_____

Emergency Phone Numbers (in case the parent / guardian cannot be reached)

**Fees: All Weeks: \$190 (Week 2 \$160)**

**Total Due: \_\_\_\_\_**

Name: _____	Relation: _____	Phone #: (____) _____
Name: _____	Relation: _____	Phone #: (____) _____

## Project Summer Adventure Agreement

*Signature by Parent / Guardian indicates an understanding and agreement of the following:*

- FEES: \$190.00 per session. (Session 2 \$160) Checks payable to "City of Marlborough". Please bring /send payment to: Marlborough Recreation Department: 239 Concord Road, Marlborough, Ma 01752 \$25.00 fee for checks returned by the bank.
- Balance of all fees, Application form and Medical forms (Immunization Record) must be returned to the Recreation Department by June 13, 2016.
- No refunds for absence or withdrawal unless it is for medical reasons. The request must be submitted to PSA prior to the start of the session, and must be accompanied by a Physician's letter verifying medical reasons. Please do not ask for a Day Care **TAX ID #**. PSA is not licensed as a "**Day Care**" or "**Recreational Camp**".
- Transportation to and from PSA is not provided, though transportation to and from program activities and field trips is included in the weekly fee.
- Lunch is not provided.
- Participants are expected to exhibit appropriate behavior at all times. Program Director reserves the right to withdraw any child whose behavior interferes with the safety of staff and other participants.
- All PSA participants must be 6 years of age as of June 20, 2016 and no older than 13 years of age.
- A \$1.00 per minute charge will be applied to any Parent / Guardian who picks up after 6:00pm. The child will not be allowed to participate at PSA until the late fee is paid.
- If the child will be picked up by someone other than their Parent / Guardian and the name does not appear on the front of this form, PSA must be notified prior to the child's pick-up.
- Children attending PSA may be taken off site for program activities and field trips.
- Children attending PSA may be included in any photographs or videos taken of program activities.
- The parking lot next to the basketball courts is for staff parking. Parents / Guardians are asked to park in the lot to the left of the PSA building and may not park or stop in front of the PSA building or on any grass areas for any reason.
- Children, Parents / Guardians must obey all rules set forth by PSA staff members.
- **No electronic devices or cell phones are allowed at PSA**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF MARLBOROUGH**  
MARLBOROUGH, MASSACHUSETTS 01752-3812



***VOLUNTARY RECREATION RELEASE FORM***

I, the undersigned, \_\_\_\_\_ of \_\_\_\_\_,  
(Parent or Guardian) (Insert child's name)

a minor, do hereby consent to my child's participation in voluntary athletic or recreation programs of the City of Marlborough Recreation Department.

I also agree to forever release the City of Marlborough, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the City of Marlborough ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the City of Marlborough voluntary athletic or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the City of Marlborough voluntary athletic or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs **is voluntary** and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the City of Marlborough's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that my child or I may suffer in voluntary City of Marlborough athletic or recreation programs.

Signed: \_\_\_\_\_

Parent or Guardian of:

\_\_\_\_\_

Date: \_\_\_\_\_